

FCC Form 486 DO NOT STAPLE	Do Not Write in this Area	Approval by OMB 3060-0853 Estimated time per response: 1.5 hours
<b>Schools and Libraries Universal Service</b> <b>Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form</b>		
To be completed by the Billed Entity Please read instructions before completing.		
		(You can also file online)
Applicant's Form Identifier    22348614AA (Create your own code to identify THIS FCC Form 486)	FCC Form 486 Application#:    1085164 (To be assigned by administrator)	
<b>Block 1: Billed Entity Information</b>		
<b>1. Name of Billed Entity</b>		
BARNES UNIFIED SCHOOL DIST 223		
<b>2. Billed Entity Number</b> 137784	<b>3. Funding Year July 1, 2014</b> <b>through June 30, 2015</b>	
<b>4. Complete Mailing Address of Billed Entity</b>		
Street Address, P.O. Box, or Route Number                      PO BOX 188, 212 N TRIPP ST.		
City BARNES	State KS	Zip Code 66933 -
Telephone Number    785-763-4231                      Extension	Fax Number    785-763-4461	
<b>5. Contact Person Information</b>		
Contact Person Name    Deb Steward		
Street Address, P.O. Box or Route Number 1401B Main Street		
City    Hays		
State    KS                      Zip Code    67601 -		
<b>Check the box next to the preferred mode of contact. (At least one box MUST be checked.)</b>		
<input checked="" type="checkbox"/> Telephone Number                      Extension <input type="checkbox"/> Fax Number		
785-621-4414	785-825-9195	
<input type="checkbox"/> Email Address    dsteward@smokyhill.org		

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<b>Entity Number</b>	<b>137784</b>	<b>Applicant's Form Identifier</b>	<b>22348614AA</b>
<b>Contact Person</b>	<b>Deb Steward</b>	<b>Phone Number</b>	<b>785-621-4414</b>

**Block 2: Early Filing Information and CIPA Waiver Requests**

**6a. Early Filing**

CHECK THE BOX BELOW IF THE FRNS ON THIS FCC FORM 486 ARE FOR SERVICES STARTING **ON OR BEFORE** JULY 31 OF THE FUNDING YEAR.

☐ The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

**Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the FCC Form 486 is postmarked on or before July 31 of the Funding Year.**

**6b. CIPA Waiver**

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

☐ I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this FCC Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year in which they apply for discounts.

(For Libraries for Funding Year 2004: You may also request this waiver for FY2004 if you as the Billed Entity are the Administrative Authority for the library(ies) represented on this FCC Form 486. By checking this box, you are certifying that the libraries represented in the Funding Request Number(s) on this FCC Form 486 will be brought into compliance with the CIPA requirements before the start of Funding Year 2005.)

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**Block 3: Service Information**

7. Please provide the following information for each FCC Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to USAC. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.

If you need additional pages, please label them 3A, 3B, 3C, etc. and indicate the number in the space provided here:

Page 3 \_\_\_\_\_

<b>(A) FCC Form 471 Application Number From FCDL</b>	<b>(B) Funding Request Number (FRN) From FCDL</b>	<b>(C) Service Provider Identification Number (SPIN) From FCDL</b>	<b>(D) Service Provider Name From FCDL</b>	<b>(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin)</b>
944066	2873778	143028558	Nex-Tech, Inc.	4/1/2015

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**Block 4: Certifications and Signature**

8. ☒ I certify that, if required by program rules, the entity(ies) receiving discounted services as indicated on this FCC Form 486 are covered by technology plan(s), that have been approved by a state or other authorized body (i.e., a USAC-certified technology plan approver) prior to the commencement of service and that cover all 12 months of the funding year. Provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this FCC Form 486 or, if EVERY FRN listed in this FCC Form 486 is for services that do not require a technology plan, enter "NONE" here.

Kansas Department of Education

9. ☒ I certify that the services listed on this FCC Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the FCC Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this FCC Form 486 except for those services provided under tariff or on a month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. ☒ I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years (or whatever retention period is required by the rules in effect at the time of your certification) any and all records, including FCC Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

**NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11: A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. See the FCC Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."**

**IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.**

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**11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:**

I certify that as of the date of the start of discounted services:

- a. ☒ the recipient(s) of service represented in the Funding Request Number(s) on this FCC Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b. ☐ pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this FCC Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

- c. ☐ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this FCC Form 486 is (are) receiving discount services only for telecommunications services.

**FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES:**

- d. ☒ I certify as the Billed Entity for the consortium that I have collected duly completed and signed FCC Forms 479 from all eligible members of the consortium.
- e. ☐ I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

**For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:**

- f. ☐ I certify that some or all of the eligible consortium members checked FCC Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. ☒ I certify that no eligible consortium members checked FCC Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

12. Signature of authorized person

13. Date

8/24/2015 12:13:34 PM

14. Printed name of authorized person

Chris Modellmog

15. Title or position of authorized person

Director of Technology

16a. Street Address, P.O. Box, or Route Number

605 East Crawford

City

Salina

State

KS

Zip Code

67401 -

16b. Telephone number of authorized person

785-825-9185

Extension

16c. Fax number of authorized person

785-825-9195

16d. Email address of authorized person

erate@smokyhill.org

16e. Name of authorized person's employer

Smoky Hill Education Service Center

